

## SECTION A: SEAT BELTS

1.How often do you use seat belts when you drive or ride a car?

Do not read these responses	Would you say: Always.....	1
	Nearly always.....	2
	Sometimes.....	3
	Seldom .....	4
	Or Never .....	5
	-----	
	Don't know/Not sure.....	7
	Never drive/ride in a car....	8
	Refused.....	9

## SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure.

2.Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL.)

Skip to Section C ←-----	No.....	1
	Yes, by doctor.....	2
	Yes, by nurse.....	3
	Yes, by other health professional.....	4
	-----	
Skip to Section C <-----	Don't know/Not sure.....	7
	Refused .....	9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

More than once .....	1
Only once .....	2
Don't know/Not sure .....	7
Refused .....	9

4. Is any medicine currently prescribed for your high blood pressure?

Go to Q.6, <-----	Yes.....	1
	No.....	2
	Don't know/Not sure.....	7
	Refused .....	9

5. Are you currently taking medicine for your high blood pressure?

(PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY," IF NECESSARY. IF ANSWER IS "YES," USE "YES, ALL OR MOST OF THE TIME.")

Yes, all or most of the time...1  
Yes, occasionally.....2  
No .....3  
Don't know/Not sure .....7  
Refused.....9

### SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

6. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(Go to section D) ←

Yes.....	1
No.....	2
Don't know/Not sure.....	7
Refused.....	9

7. What type of physical activity or exercise did you spend the most time doing during the past month?

OFFICE ONLY  
See coding list A--Activity

Activity.....  
Refused..... 99

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ASK Q.8 ONLY IF ANSWER TO Q.7 IS RUNNING, JOGGING, WALKING OR SWIMMING, ALL OTHERS GO TO Q.9

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8. How far do you usually walk/run/jog/swim?

See coding List B if  
answer not in miles and  
tenths

Miles and Tenths .....  
Don't Know/Not Sure.....777  
Refused.....999

9.How many times per week or per month did you take part in this activity during the past month?

Times per week.....1 \_ \_

Or

Times per month.....2 \_ \_

Don't know/Not sure.....777

Refused.....999

10.And when you took part in this activity for how many minutes or hours did you usually keep at it?

Hours & Minutes.....: \_ \_

Don't know/Not sure.....777

Refused.....999

11.Was there another physical activity or exercise that you participated in during the last month?

Yes.....1

No.....2

(Go to Section D)←-----Don't know/Not sure.....7

Refused.....9

12.What other type of physical activity gave you the next most exercise during the past month?

OFFICE ONLY  
See coding list A--Activity

Activity..... \_ \_

Don't know/Not Sure.....77 (Go to Section D)

Refused..... 99

Ask question 13 only if answer to Q12 is running, jogging, walking or swimming. All others go to Q14

13. How far do you usually walk, jog, run or swim?

See coding List B if  
answer not in miles and  
tenths

Miles and Tenths ..... \_ . \_

Don't Know/Not Sure.....777

Refused.....999

14. How many times per week or per month did you take part in this activity?

Times per week.....1 \_ \_

OR

Times per month.....2 \_ \_

Don't know/Not sure.....777

Refused.....999

15. And when you took part in this activity for how many minutes or hours did you usually keep at it?

Hours & Minutes.....: \_ \_

Don't know/Not sure.....777

Refused.....999

#### **Section D: Tobacco Use**

16. Have you smoked at least hundred cigarettes in your life?

(100 cigarettes=5packs)      Yes.....1

No...(Go to Section E).....2

(Go to Section E)      ← Don't know /Not sure.....8

Refused.....9

17. Do you smoke cigarettes now?

Yes.....1

No...(Go to Q.22).....2

Refused...(Go to Section E).....9

18. On an average how many cigarettes a day do you smoke now?

(1pack=20 cigarettes)      Number of cigarettes..... \_ \_

Don't smoke regularly.....88

Refused.....99

19. Have you made a serious attempt to quit smoking?

Yes.....1

No...(Go to section E).....2

Refused...(Go to Section E).....9

20. When was the start of your most recent quit attempt?

Past week.....1  
Past 2 weeks.....2  
Past Month.....3  
Past 6 months.....4  
Past year.....5  
More than 1 year ago.....6  
Don't know/Not sure.....7  
Refused.....9

21. How long did you stay out off cigarettes that time?

Less than one day.....1  
One to 6 days.....2  
Seven days to less than three months.....3  
Three months to less than 6 months.....4  
Six months to less than one year.....5  
1 or more years.....6  
Don't know/Not sure.....7  
Refused.....9

22. About how long has it been since you last smoked cigarettes regularly?

Less than one day.....1  
One to 6 days.....2  
Seven days to less than three months.....3  
Three months to less than 6 months.....4  
Six months to less than one year.....5  
1 or more years.....6  
Don't know/Not sure.....7  
Refused.....9

### **Section E: Alcohol Consumption**

These next few questions are about the use of beer, wine, wine coolers, cocktails or liquor such as vodka, gin, rum or whiskey-all kinds of alcoholic beverages that people drink at meals, special occasions or when just relaxing.

23. Have you had any beer wine or liquor during the past month that is, since \_\_\_\_\_?

Yes.....1  
No...(Go to section F).....2  
Refused...(Go to Section F).....9

24. During the past month, how many days per week or per month did you drink any beer?

Days per week..... 1 \_\_  
Or  
Days per month..... 2 \_\_  
Don't know /Not sure (Go to Q.36). 7 7 7  
Refused.... (Go to Q.36)..... 9 9 9

25. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank beer how many drinks did you drink on the average?

Number of drinks..... \_\_  
Don't know/Not sure..... 7 7  
Refused..... 9 9

26. Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails and liquor as drinks, how many times during the past month did you have 5 or more drinks on an occasion?

Number of times..... \_\_  
None..... 8 8  
Don't Know/Not Sure..... 7 7  
Refused..... 9 9

27. And during the past month, how many times have driven when you've had perhaps too much to drink?

Number of times..... \_\_  
None..... 8 8  
Don't Know/Not Sure..... 7 7  
Refused..... 9 9

## **Section F: Preventive Health Practices**

Some people visit a doctor for a routine checkup, even though they are not feeling well and have not been sick.

28. About how long has it been since you last visited a doctor for a routine checkup?

Was it: **Please read**

Within the past year..... (0 to 12 months)..... 1  
Within the past 2 years..... (13-24 months)..... 2  
Within the past 5 years..... (25-60 months)..... 3  
More than five years ago... (61+months)..... 4  
Don't know/Not sure..... (Go to Q.40)..... 7

Never.....(Go to Q.40).....8  
 Refused.....(Go to Q.40).....9

29.What type of doctor did you see for your last routine checkup?

Was it: Please Read:

	Family or General Practitioner.....1
	Internist.....2
	Specialist such as heart, lung, or stomach specialist.....3
	Other.....4
(Ask for women only)	
	Obstetrician/Gynecologist.....5
(Do not Read)      ←	Don't know/Not sure.....7
	Refused.....9

These next questions are about blood cholesterol, which is a fatty substance in the blood.

30.Have you ever had your blood cholesterol checked?

Yes.....1  
 No.... (Go to Q 37).....2  
 Don't know/Not sure (Go to Q.37).....7  
 Refused...(Go toQ.37).....9

31.About how long has it been since you last had your blood cholesterol checked?

Was it: **Please read**

Within the past year..... (0 to 12 months).....1  
 Within the past 2 years.....(13-24 months)....2  
 Within the past 5 years.....(25-60 months)....3  
 More than five years ago...(61+months).....4  
 Don't know/Not sure.....7  
 Never.....8  
 Refused.....9

32.Have you ever been told your blood cholesterol level, in numbers?

Yes.....1  
 No...(Go to Q.44).....2  
 Don't know/Not sure...(Go to Q.44).....7  
 Refused ..(Go to Q.44).....9

33.What is your blood cholesterol level?

Record the number.....	__	__	__
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

34. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

Yes.....	1
No.....	2
Don't know/Not sure.....	7
Refused.....	9

35. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level?

(Go to Q.37)      ←	Yes.....	1
	No.....	2
	Don't know/Not sure.....	7
	Refused.....	9

36. Did the doctor:

36a.    \_\_ \_\_ prescribe a medication to lower your blood cholesterol?

Yes.....	1
No.....	2
Don't know/Not sure.....	7
Refused.....	9

36b.    \_\_ \_\_ provide you with a low fat or low cholesterol diet?

Yes.....	1
No.....	2
Don't know/Not sure.....	7
Refused.....	9

36c.    \_\_ \_\_ refer you to a dietician, nutritionist or nurse to help you reduce the fat or cholesterol in your diet

Yes.....	1
No.....	2
Don't know/Not sure.....	7
Refused.....	9



37.Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you have been told by a doctor that you have diabetes?

Yes..... 1  
No.....2  
Don't know/Not sure.....7  
Refused.....9

### **Section G: Demographics**

And finally, these last few questions ask for a little more information about yourself.

38. How old were you on your last birthday?

Code age in years.....       
Do not remember/Not sure.....07  
Refused.....09

39.What is your race?

White..... 1  
Black.....2  
Asian or Pacific Islander.....3  
Aleutian, Eskimo or American Indian..4  
Other specify .....5  
Don't Know/Not Sure.....7  
Refused.....9

40.Are you of Hispanic origin such as Mexican, American, Latin American, Puerto Rican or Cuban?

Yes..... 1  
No.....2  
Don't know /Not sure.....7  
Refused.....9

41.What is the highest grade or year of school you completed?  
(Read only if necessary)

Eighth grade or less..... 1  
Some high school.....2  
High school grad or GED certificate.....3  
Some technical school.....4  
Technical school graduate.....5

Some college.....	6
College Graduate.....	7
Post Grad or Professional Degree.....	8
Refused.....	9

42. Are you currently:

Employed for wages.....	1
Self Employed.....	2
Out of work for more than one year.....	3
Out of work for less than one year.....	4
Homemaker.....	5
Student.....	6
Retired.....	7
Refused.....	9

43. And are you

Married.....	1
Divorced.....	2
Widowed.....	3
Separated.....	4
Never been married.....	5
Member of an unmarried couple.....	6
Refused.....	9

44. Which of the following categories best describe your annual household income from all sources?

Less than \$10 000.....	1
\$10 to \$15 000.....	2
\$15 to \$20 000.....	3
\$ 20 to \$25 000.....	4
\$25 to \$35 000.....	5
\$35 to \$50 000.....	6
Over \$50000.....	8
Don't Know/Not Sure.....	7
Refused.....	9

45. About how much do you weigh without shoes?

Weight.....	(Pounds)
Don't know /Not sure.....	777
Refused.....	999

46. About how tall are you without shoes?

Height..... Ft inches  
 Don't know /Not sure.....777  
 Refused.....999

47.INTERVIEWER: INDICATE SEX OF RESPONDENT

(Ask if necessary)

Male.....1  
 Female.....2

**SECTION H: WOMEN'S HEALTH**

These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

48.Have you ever heard of a mammogram?

Yes.....1  
 No.....(Go to Q.50.b).....2  
 Don't know/Not sure...(Go to Q.53).....7  
 Refused.....(Go to Q.53).....9

49.About how long has it been since you had your last mammogram?

Was it: **Please read**

Go to Q.51

← Within the past year..... (0 to 12 months).....1  
 Within the past 2 years.....(13-24 months)....2  
 Within the past 5 years.....(25-60 months)....3  
 More than five years ago...(61+months).....4  
 Don't know/Not sure.....7  
 Refused.....9

50a. What is the most important reason you did not have a mammogram in the last year?

(Do not read list. Record only one answer)

Not recommended by doctor/Doc never said it was needed.....1  
 Not needed/Not necessary.....2  
 Never heard of mammogram.....3  
 Cost.....4  
 No insurance to pay for it.....5  
 Other.....6  
 Don't know/Not sure.....7  
 Refused.....9

50.b What is the most important reason that you never had a mammogram?

(Do not read list. Record only one answer)

Not recommended by doctor/Doc never said it was needed.....	1
Not needed/Not necessary.....	2
Never heard of mammogram.....	3
Cost.....	4
No insurance to pay for it.....	5
Other.....	6
Don't know/Not sure.....	7
Refused.....	9

51. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had a breast cancer?

Routine checkup.....	1
Breast problem.....	2
Had breast cancer.....	3
Don't know/Not sure.....	7
Refused.....	9

52. Whose idea was it for you to have this last mammogram-was it your idea, your doctor's idea, or someone else's idea?

(Probe for the most influential. Record only one response)

Respondent's idea.....	1
Doctor's idea.....	2
Someone else's idea.....	3
Don't know/Not sure.....	7
Refused.....	9

The next questions are about breast physical examination, which is when the breast is felt for lumps by a doctor or medical assistant.

53. Have you ever had a breast physical examination by a doctor or medical assistant?

Yes.....	1
No.....(Go to Q.56).....	2
Don't know/Not sure...(Go to Q.56).....	7
Refused.....(Go to Q.56).....	9

54.About how long has it been since your last breast physical exam.

**Was it:**

Within the past year..... (0 to 12 months).....	1
Within the past 2 years.....(13-24 months)....	2
Within the past 5 years.....(25-60 months)....	3
More than five years ago...(61+months).....	4
Don't know/Not sure.....	7
Refused.....	9

55.Was your last breast physical exam done as part of a routine checkup, because of a breast problem, or because you have already breast cancer?

Routine checkup.....	1
Breast Problem.....	2
Had breast cancer.....	3
Don't know /Not sure.....	7
Refused.....	9

Interviewer: Ask this question only to females between 18 and 45 otherwise Go to Q.65 below

56.To your knowledge, are you now pregnant?

(Go to Section I) ←

Yes.....	1
No.....	2
Don't know/Not sure.....	7
Refused.....	9

57.During what month is your baby due?

Code Month  
(Jan 01----Dec12)

Code month.....	<u>  </u> <u>  </u>
Don't know /Not sure.....	<u>  </u> <u>  </u>
Refused.....	9 9

## **SECTION I: AIDS**

These next few questions are to determine your beliefs and opinions about the national health problem of AIDS.

58.have you ever heard the AIDS virus called HIV?

Yes.....	1
No.....	2
Don't know /Not sure.....	7
Refused.....	9

59.To your knowledge are there drugs available which can lengthen the life of a person infected with AIDS virus?

Yes.....	1
No.....	2
Don't know /Not sure.....	7
Refused.....	9

60. Do you think a person infected with AIDS virus can look and feel well and healthy?

Yes.....	1
No.....	2
Don't know /Not sure.....	7
Refused.....	9

61. There has been a lot of talk about how you can and cannot get infected with the AIDS virus. Do you think you can get infected from:

	Yes	No	Dk/Ns	Ref
Giving blood.....	1	2	7	9
Mosquitoes or other insects....	1	2	7	9

62. Do you have a child or children in kindergarten through eighth grade?

	Yes.....	1
	No.....	2
(Go to Q.65)	Don't know /Not sure.....	7
	Refused.....	9

63. Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus?

Yes.....	1
No.....	2
Don't know /Not sure.....	7
Refused.....	9

64. At what grade do you think your child should begin AIDS education in school?

Code grade.....	—
Never.....	8 8
Don't know /Not sure.....	7 7
Refused.....	9 9

65.would you eat in a restaurant where the cook is infected with AIDS virus?

Yes.....1

No.....	2
Don't know /Not sure.....	7
Refused.....	9

66. Would you be willing to work with a person who is infected with AIDS virus?

Yes.....	1
No.....	2
Don't know /Not sure.....	7
Refused.....	9

67. Where could you go to be tested for the AIDS virus infection?

(Probe for other places if only one response is given)

Facility code.....	__
Where else could you go.....	__

Private Doctor, HMO.....	01
Bloodbank, Plasma Center, Red Cross.....	02
Health department.....	03
AIDS Clinic, AIDS testing site.....	04
Hospital, Emergency Room.....	05
Family Planning Clinic.....	06
STD clinic.....	07
Community health clinic /Primary health clinic.....	08
Company or Industry clinic.....	09
Military induction or examination.....	10
Other.....	87
No Place.....	88
Don't know /Not sure.....	77
Refused.....	99

68. Some people use condoms from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity?

Would you say:

Very effective.....	1
Somewhat effective.....	2
Not at all effective.....	3
Don't know how effective.....	4

65.How many telephone numbers will reach this household including the number I used today?

(Differentiate between telephone numbers and telephone sets if necessary. Include all telephone numbers that can reach this household)

Total Telephone Numbers.....

### **MODULE: 3 CERVICAL CANCER SCREENING**

Please note: Ask all females, otherwise go to next module

These next questions are about certain kinds of medical tests and examinations.

1.Have you ever heard of a Pap smear test?

(Go to Q.4) ←	Yes.....	1
	No.....	2
	Don't know/Not sure.....	7
	Refused.....	9

2.Have you ever had a PAP smear test?

(Go to Question.4)←	Yes.....	1
	No.....	2
	Don't know/Not sure.....	7
	Refused.....	9

3.When did you have your last Pap smear?

Was it: Please read

Within the past year..... (0 to 12 months).....	1
Within the past 2 years.....(13-24 months)....	2
Within the past 5 years.....(25-60 months)....	3
More than five years ago...(61+months).....	4
Don't know/Not sure.....(Go to Q.40).....	7
Never.....(Go to Q.40).....	8
Refused.....(Go to Q.40).....	9

4.Have you had a hysterectomy?

Please not: Hysterectomy is “An operation to remove the uterus”

Yes.....	1
No.....	2
Don't know/Not Sure.....	7
Refused.....	9



## **MODULE 5: INJURY CONTROL AND CHILD SAFETY**

Is there a working smoke detector in your household?

Yes.....	1
No.....	2
Don't know/Not Sure.....	7
Refused.....	9

2.in the past 12 months have you or anyone in the household use a thermometer to test the temperature of the hot water?

Yes.....	1
No.....	2
Don't know/Not Sure.....	7
Refused.....	9

3.What is the age of the youngest child in your household?

Age in years (If over 10 go to next module).....	_ _
Age is less than one year.....	8 9
No children in household .....	8 8
Don't know /Not sure.....	7 7
Refused.....	9 9

(Go to next module) ←

4.Do you have the telephone number for a Poison control center?

Yes.....	1
No.....	2
Don't know/Not Sure.....	7
Refused.....	9

5.There is a medication called IPECAC SYRUP, which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac syrup in your household?

Yes.....	1
No.....	2
Don't know/Not Sure.....	7
Refused.....	9

6.When riding a car, how often is the youngest child buckled in a car safety seat or seat belt?

All the time.....	1
Most of the time.....	2
Sometimes.....	3

Rarely.....	4
Never.....	5
Don't know/Not sure.....	7
Refused.....	9

## **MODULE 6: WEIGHT CONTROL PRACTICES**

Now I would like to ask you about some of the things you may be currently doing to try to lose weight, or keep from gaining weight.

1.Are you now trying to lose weight?

	Yes.....	1
(Go to Q.5) ←	No.....	2
(Go to Q.12) ←	No, trying to gain weight.....	3
	Don't know/Not sure.....	7
(Go to Q.5) ←	Refused.....	9

2.About how long ago did you begin your current to attempt to lose weight?

Days.....	1	—
Weeks.....	2	—
Months.....	3	—
Years.....	4	—
Always trying to lose weight.....	5	5 5
Don't know/Not sure.....	7	7 7
Refused.....	9	9 9

3.About how much did you weigh when you began your current attempt to lose weight?

Weight.....	— —	(POUNDS)
Don't know/Not sure.....	7 7 7	
Refused.....	9 9 9	

4.How much would you like to weigh?

	Weight.....	— —	(POUNDS)
(Go to Q.6) ←	Don't know/Not sure.....	7 7 7	
	Refused.....	9 9 9	

5.Are you now trying to maintain your current weight that is to keep from gaining weight?

(Go to Q.11) ←	Yes.....	1
	No.....	2
	Don't know/Not sure.....	7
	Refused.....	9

6.Are you eating fewer calories to lose weight, or to keep from gaining weight?

(Go to Q.9) ←	Yes.....	1
	No.....	2
	Don't know/Not sure.....	7
	Refused.....	9

7.Some people count calories. If you are counting calories, about how many calories are you eating per day?

(Go to Q.9) ←	Record number of calories	
	Don't count calories.....	7 7 7 7
	Refused.....	9 9 9 9

(Interviewer: If the respondent gives a number of 10000 or more then enter 9997)

8.About how long have you been eating this many calories per day?

Days.....	1	--
Weeks.....	2	--
Months.....	3	--
Years.....	4	--
Don't know/Not Sure.....	7	7 7
Refused.....	9	9 9

9.Are you using physical activity or exercise to lose weight or to keep from gaining weight?

Yes.....	1
No.....	2
Don't know/Not sure.....	7
Refused.....	9

10.Are you now doing any of the following to lose weight or to keep from gaining weight?

	Yes	No	Dk/Ns	Ref
Taking diet pills to decrease your appetite...	1	2	7	9
Taking special products such as canned or powdered supplements .....	1	2	7	9

Fasting for 24 hours or longer as part of  
your diet.....1 2 7 9

Participating in an organized weight control  
program (such as Weight Watchers, TOPS or  
Nutri-systems).....1 2 7 9

Causing yourself to vomit after you eat?.....1 2 7 9

11. Have you been ever advised by a doctor or other health professional to reduce your weight?

(Interviewer: Probe for doctor, nurse or other health professional)

Yes by a doctor.....1  
Yes by a nurse /Physician assistant.....2  
Yes by Nutritionist/Dietician.....3  
Yes, Other health Professional.....4  
No.....5  
Don't know/Not sure.....7  
Refused.....9

12. Do you now consider yourself to be overweight, underweight or about average?

Overweight.....1  
Underweight.....2  
About average.....3  
Don't know/Not sure.....7  
Refused.....9

## **MODULE 8: Dietary Fat**

The next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one; for example, twice a week, thrice a month, and so forth. Remember I am only interested in the foods you eat. Include all the foods you eat, both at home and away from home.

1. How often do you eat hot dogs or lunchmeats such as ham or other cold cuts?

Per day..... 1 \_ \_  
Per Week.....2 \_ \_  
Per Month.....3 \_ \_  
Per Year.....4 \_ \_  
Never.....5 5 5  
Don't know/Not sure.....7 7 7  
Refused.....9 9 9

2.How often do you eat bacon or sausage?

Per day.....	1	__	__
Per Week.....	2	__	__
Per Month.....	3	__	__
Per Year.....	4	__	__
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

3.How often do you eat pork other than ham, bacon or sausage?

Per day.....	1	__	__
Per Week.....	2	__	__
Per Month.....	3	__	__
Per Year.....	4	__	__
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

4.How often do you eat hamburgers, cheeseburgers or meatloaf?

Per day.....	1	__	__
Per Week.....	2	__	__
Per Month.....	3	__	__
Per Year.....	4	__	__
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

5.How often do you eat beef other than hamburger, cheeseburger or meatloaf?

Per day.....	1	__	__
Per Week.....	2	__	__
Per Month.....	3	__	__
Per Year.....	4	__	__
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

6.How often do you eat fried chicken?

Per day.....	1	__	__
Per Week.....	2	__	__
Per Month.....	3	__	__
Per Year.....	4	__	__
Never.....	5	5	5

Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

7.How often do you eat French fries or fried potatoes?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

8.How often do you eat cheese or cheese spreads not including cottage cheese?

Interviewers: Include cheese used as an ingredient, eg on pizza

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

9.How often do you eat doughnuts, cookies, cake pastry or pies?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

10.How often do you usually eat snacks, such as chips or popcorn?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

11.How often do you add butter or margarine to bread rolls or vegetables?

Per day.....	1	—	—
--------------	---	---	---

Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

12.How many eggs do you usually eat?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

13.How many glasses (8oz) of milk do you usually drink? Remember to include drinks made with whole milk or milk on cereal. Do not include low fat milk, such as skim milk or 2% milk.

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

### **Module 9: Fruits and Vegetables:**

1.How often do you drink fruit juices such as orange, grapefruit or tomato?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

2.Not counting juice, how often do you eat fruit?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—

Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

3.How often do you eat green salad?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

4.How often do you eat potatoes (not including French fries, fried potatoes or potato chips)?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

5.How often do you eat carrots?

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9

6.Not counting carrots, potatoes or salad, how many servings of vegetables do you usually eat? (For example a serving of vegetables at both lunch and dinner would be two servings)

Per day.....	1	—	—
Per Week.....	2	—	—
Per Month.....	3	—	—
Per Year.....	4	—	—
Never.....	5	5	5
Don't know/Not sure.....	7	7	7
Refused.....	9	9	9



**OCCUPATION AND INDUSTRY:**

What is your usual occupation, that the job you have worked for the most of your life?

Specify \_\_\_\_\_ Code \_ \_ \_ \_ \_

What type of industry does this job involve?

Specify \_\_\_\_\_ Code \_ \_ \_ \_ \_



